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Non-Reduction of the Services

Services to children of low income families will not be reduced by Title XIX or EPSDT as a result of the impact of the SSI-Disabled Children's Program.

Non-Discrimination

No individual shall, on the grounds of race, color or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under the program, as required by Title VI of the Civil Rights Act of 1964.

No otherwise qualified handicapped individual shall solely by reason of handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the program, as required by section 504 of the Rehabilitation Act of 1973.

Confidentiality

1. SCC and Title XIX, both in the Division of Medical Services of the Department of Public Welfare shall maintain the strict confidentiality of all records of individuals provided services under this agreement. With the exception of the provisions indicated in this agreement as referral procedures, the contents of such records shall not be disclosed to anyone other than the patient or the parent or guardian of the patient if the patient is a minor or State ward, without written permission of the patient or the parent or guardian of the patient.
2. Title XIX and the Division of Finance and Accounting and the Division of Payments and Data Services of the Department of Public Welfare shall have access to Title V-SCC's records for individuals served under this agreement at any reasonable time, provided that the information obtained by Title XIX and the Division of Finance and Accounting is used only for the administration of the Medicaid program. SCC shall have access to Title XIX's records for individuals served under this agreement at any reasonable time provided that the information obtained by the Title V-SCC is used only to carry out those Medicaid administrative activities that Title V-SCC has agreed to perform under this agreement. The "administration of the Medicaid Program" and "Medicaid administrative activities" include, but are not limited to determining eligibility, selecting methods of reimbursement, processing claims, conducting fair hearings, arranging interagency agreements, conducting outreach and other similar activities.
3. It is explicitly understood by the parties to this agreement that Title XIX and the Division of Finance and Accounting may not use or make disclosure of information obtained under agreement for purposes other than the administration of the Medicaid program without written consent of the patient or the parent or guardian of the patient.

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Measurable Objectives

1. Incorporate the EPSDT, Title V-SCC and the SSI-Disabled Children's Program into the integrated data base MMIS by 9-1-80. The EPSDT coordinator and the SCC Administrator will be responsible.
2. Identify clients eligible for EPSDT - Title V-SCC or EPSDT - SSI - DCP or Title V-SCC and SSI - DCP through integrated data base by 9-1-80. The EPSDT Coordinator, Medical Services Computer Consultant and SCC Administrator will be responsible for implementation.
3. Establish within integrated data base a priority funding system for mutually eligible clients by 9-1-80. The SCC Administrator, Medical Services Computer Consultant and the Chief of Medical Services will be responsible for implementation.
4. Determine and cross check Title V-SCC certified or approved providers with Title XIX certified or approved providers by 7-1-80. The Administrator of SCC and the Medical Services Policy Coordinator will be coordinating lists.
5. Assure referral of eligible clients to Title V-SCC by having Title V-SCC pay the county share for Title V-SCC and Title XIX eligible clients by 10-1-80. The Administrator of SCC and Chief of the Division of Medical Services will be responsible for implementation of payment.
6. Decrease the amount of expenditure made by Title V-SCC by 10% thereby increasing the amount paid by Title XIX for mutually eligible clients by 12-31-80. Record keeping will be done by the Division of Finance and Accounting. Coordination will be the responsibility of the Chief of Medical Services and the SCC Administrator.

This agreement shall be effective March 1, 1980 and may be cancelled within 30 days prior written notice by either party.

John E. Knight  
John E. Knight, State Director  
Department of Public Welfare  
For Title XIX, EPSDT and Title V

Date: 3-3-80

Derald Lembrich  
Derald Lembrich, Deputy Director  
Division of Medical Services  
For Title XIX, EPSDT and Title V

Date: 3-7-80

wt/jk

Dale W. Ebers, M.D.  
Dale W. Ebers, M.D.  
Medical Director  
For Services for Crippled Children

Date: 3-24-80

Roland J. Smittjer  
Roland J. Smittjer  
Administrator  
For Services for Crippled Children

Date: 3/11/80

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The Medicaid State Agency provides:

- A. For the coordination with the state's Women, Infants and Children's (WIC) program; authorized under Section 17 of the Child Nutrition Act of 1966;
- B. For notifying in a timely manner all individuals in the State who are determined to be eligible for medical assistance and who are pregnant women, breastfeeding or postpartum women (as defined in Section 17 of the Child Nutrition Act of 1966) or children below the age of 5, of the availability of benefits furnished by special supplemental food program; and
- C. For referring any such individual to the State Agency responsible for administering the WIC program.

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Transmittal # (new page)

COOPERATIVE AGREEMENT  
between the  
STATE DEPARTMENT OF PUBLIC INSTITUTIONS  
and the  
STATE DEPARTMENT OF SOCIAL SERVICES  
relating to

Assistance Payments in Behalf of Patients  
in  
Public Institutions for Mental Diseases

(Effective November 1, 1983)

The following agreement is entered into by and between the Nebraska State Department of Public Institutions and the Nebraska State Department of Social Services.

I. PURPOSE

- A. The Departments shall enter into joint continuing planning in respect to the needs of persons within the state aged 65 years or older and under 21 years with mental disease conditions, for the purpose of assuring the appropriate utilization of the resources of both state agencies in preventing, improving, and alleviating the deteriorating effects of such conditions through continuity of treatment, care and services for the persons so affected.
- B. The Department of Public Institutions shall enter into joint planning with community mental health programs for the release of patients no longer required institutional care, and for the continuity of medical and social services to patients. The Department of Social Services will assist with social services to the extent described in Section V.
- C. The Departments shall, at least once every 2 years, review this agreement for the purpose of making necessary adaptations.
- D. Upon request by either Department there shall be free exchange of medical, social and fiscal information that concerns patients.
- E. The Department of Public Institutions shall readmit a former patient for further treatment, care and services without undue delay when the need for such further treatment, care and services is indicated.
- F. The Departments jointly shall outline the responsibilities of each party to enhance cooperation on all levels of administration.

II. DEFINITIONS

For purposes of this agreement the following terms are defined as follows:

ACTIVE TREATMENT shall mean having implemented professionally developed and supervised individualized plan of treatment and care by the Nebraska Department of Public Institutions no later than 14 days after admission, designed to achieve the recipient patient's discharge from inpatient status at the earliest possible time. (42 CFR 441.154)

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CUSTOMARY CHARGES shall mean those uniform charges listed in the provider's established charge schedule which is in effect and applied consistently to most patients and is recognized for program reimbursement. "Customary Charges" must actually be imposed uniformly on most patients and actually be collected from a substantial percentage of "patients liable for payment on a charge basis."

FACILITY or FACILITIES shall mean the Hastings Regional Center, the Lincoln Regional Center, the Norfolk Regional Center and any other institution for mental diseases legally established in the future for administration by the Department of Public Institutions.

INSTITUTION FOR MENTAL DISEASES shall mean an institution that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. An institution for mental attention, nursing care and related services. An institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases whether or not it is licensed as such. An institution for mental diseases shall include a mental hospital, a psychiatric facility, a skilled nursing or intermediate care facility, that primarily cares for mental patients. (42 CFR 435.1009)

MEDICAL REVIEWS shall mean those reviews performed by the Department of Social Services for complying with requirements for federal financial participation. (42 CFR 456 Subpart I)

NOMINAL FEE PROVIDER shall mean any facility whose aggregate customary charges are less than 50 percent of its aggregate reasonable cost.

PATIENT shall mean a person 65 years or older and under 21 years receiving services in an institution for mental diseases or outpatient services furnished by that institution.

PSYCHIATRIC FACILITY shall mean a facility or program that provides inpatient psychiatric services for individual under 21 years of age and is accredited by the Joint Commission on Accreditation of Hospitals. (42 CFR 441 Subpart D)

UTILIZATION REVIEWS shall mean those reviews performed by the Department of Public Institutions for the continued eligibility for Title XIX funds from the Department of Social Services. (42 CFR 456 Subpart D)

### III. MEDICAL SERVICES COVERED

- A. Assistance payments shall be made to or in behalf of patients in psychiatric facilities accredited by the Joint Commission on Accreditation of Hospitals.
- B. The Department of Social Services shall provide medical assistance payments for eligible recipients as outlined in the appropriate sections of the Nebraska Medical Assistance Program Manual:
  1. In a psychiatric facility;

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2. Outpatient services furnished by the psychiatric facility;
  3. Partial hospitalization services or day treatment services furnished by the psychiatric facility.
- C. The Department of Social Services is responsible for medical assistance payments for any recipient patient receiving active treatment.
- D. The Department of Social Services is responsible for medical assistance payments for recipient patients until an alternate care facility can be found for the placement of that recipient patient.

#### IV. PERSONAL FUND AND OTHER SERVICES

- A. The Department of Public Institutions has the responsibility for each recipient patient - for meeting his/her current personal and social needs, and for dealing with and protecting his/her funds and other resources when a guardian or conservator has not been legally appointed. A personal needs account shall be established for each recipient patient for maintaining and protecting his/her funds.
- B. The Department of Social Services shall provide:
1. Maintenance assistance payments to meet the personal needs of the eligible recipient patients when not otherwise available;

#### V. SOCIAL SERVICES

- A. The Department of Public Institutions shall provide social services to recipient patients in institutions. The provision of social services to recipients released for alternate plans of care shall be, to a degree, a cooperative effort, but primary responsibility of each department shall be designated as follows:
1. Responsibilities of Department of Public Institutions' Regional Center Social Service staff shall include the provision of counseling and other social services to recipient patients while in the institution as a part of the plan for treatment and care to:
    - a. Achieve the patient's discharge from inpatient status at the earliest possible time;
    - b. Assist the patient in obtaining and using effectively the institutional treatment and rehabilitative resources, as well as those of the community;
    - c. Encourage the development and maintenance of family and community interests and ties and maximum patient independence in the management of his/her affairs;
    - d. Assist the patient in cooperation with community mental health program staff, in planning for return and actually returning to his/her own home or alternate care arrangement, as indicated.

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2. Responsibilities of community mental health program staff shall include the provision of counseling and other social services to or for patients who are to be admitted or released from the institution to:
  - a. Help them understand and carry out the hospital's recommendations for continuing needed care and services;
  - b. Plan for and select appropriate alternate care arrangements assuring patient choice, which may include making arrangements for homemaker services or foster family care;
  - c. Make adjustments outside the institution which may include planning with persons who will have responsibility for the patient's care;
  - d. Develop and use appropriately needed services and resources within the alternate care arrangements or the community;
  - e. Develop or maintain family and community ties and participation;
  - f. Secure needed medical care;
  - g. Arrange for changes in alternate care plans, including return to institution, if such change is indicated.
3. Responsibilities of Department of Social Services staff (to or for eligible recipients who are to be admitted or released from the institution) shall include the provision of supportive services as defined in the State's annual Title XX Comprehensive Social Services Plan to:
  - a. Help individuals become or remain economically self-supporting;
  - b. Help individuals become or remain able to care for themselves;
  - c. Protect individuals from abuse, neglect and exploitation; and help them remain with families (when applicable);
  - d. Make home and community services available which will prevent or reduce inappropriate institutional care; and
  - e. Arrange for appropriate placement in an institution when this is in an individual's best interest.
- B. The Department of Public Institutions shall utilize, as fully as feasible, social services available from the community mental health programs.
- C. The Department of Social Services shall provide information and referral to social services available from the community mental health programs, as appropriate.

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## VI. RESPONSIBILITIES FOR APPLICATION AND REVIEW PROCESS

- A. The Department of Public Institutions shall be responsible for notifying the Department of Social Services of all eligible recipient patients admitted to and discharged from their facilities.
- B. The Department of Public Institutions shall be responsible for accurately completing the initial application for medical assistance benefits and submitting such application along with all necessary supporting documents and verification to the county of legal settlement for processing on all age-appropriate voluntary or mental health board commitment admissions. Applications, along with supporting documents, on all juvenile court commitments shall be sent to the State Department of Social Services.
- C. The Department of Public Institutions shall be responsible for insuring that its Regional Centers maintain a utilization review plan that fulfills the requirements of Title XVIII, and the Utilization Review Committee shall make periodic reviews of the recipient patients in accordance with utilization review guidelines.
- D. The attending psychiatrist shall be responsible for initial certification and 60-day recertification of the continued need for institutional care of the patient and for the 30-day recertification for partial hospitalization and outpatient care.
- E. The Department of Social Services shall be responsible for annual onsite reviews of all inpatient recipients, and all facility records shall be placed at the disposal of the Department of Social Services for this onsite review inspection. Utilization Review will be accomplished in accordance with partial hospitalization and outpatient criteria as outlined in the Nebraska Medical Assistance Program Manual.

## VII. UTILIZATION REVIEW AND CERTIFICATION PROCESS

### I. PATIENTS UNDER AGE 21

#### Certification of Need for Services

- A. An interdisciplinary team of physicians and other personnel who are employed by the facility must certify upon admission that:
  - 1. The treatment needs of the patient are not available in the community;
  - 2. The patient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
  - 3. The services can reasonably be expected to improve the patient's condition or prevent further regression so that the services will no longer be needed.

#### Individual Plan of Care

- A. An individual plan of care designed to achieve the patient's discharge from inpatient status at the earliest possible time must be developed and implemented no later than 14 days after admission. The plan of care must:
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1. Be based on a diagnostic evaluation and reflect the need for inpatient psychiatric care;
  2. Be developed by an interdisciplinary team of physicians and other personnel in consultations with the patient, parents, guardian or others in whose care the patient will be released after discharge;
  3. State treatment objectives;
  4. Prescribe an integrated program of therapies, activities and experiences designed to meet the objectives.
  5. Include postdischarge plans and coordination of inpatient services with partial discharge plans and related community services.
- B. The plan of care must be reviewed every 30 days by the interdisciplinary team to determine that services are required on an inpatient basis and to recommend changes to the plan.
- C. The development and review of the plan of care shall satisfy the utilization control requirement for physician recertification and the requirement for the establishment and periodic review of the plan of care.

#### VII. UTILIZATION REVIEW AND CERTIFICATION PROCESS

##### II. PATIENTS 65 YEARS AND OLDER

- A. It shall be the responsibility of the Department of Public Institutions to insure that each inpatient recipient has a recorded individual plan of treatment and care to insure that institutional care maintains the recipient at, or restores him or her to, the greatest possible degree of health and independent functioning. The plan must include:
1. An initial medical examination, psychiatric evaluation and social evaluation of related personal and family factors, within 30 days following entrance to the facility, for use in developing a plan of treatment, care and services;
    - a. These records shall be submitted by the facility to a qualified designee of the Department of Social Services for their certification for need of services;
  2. Subsequent periodic medical examinations, psychiatric evaluations and social evaluations of related personal and family factors for use in continuing or modifying plans of treatment, care and services;
    - a. Such information shall be kept in the medical records file of the individual patient at the facility and shall be available for onsite inspection by State Department of Social Services.
  3. Periodic joint planning and assessment at intervals not to exceed three months by designated staff including the physician, of the patient's care, treatment and progress and his/her need for continued treatment in the institution;

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4. Appropriate social services and medical treatment while the recipient is in an institution.

#### VIII. AUDITING AND BILLING PROCEDURES

- A. The Department of Public Institutions by statutory authority (83-363 through 83-380, R.R.S. Nebraska 1943) must assess each patient and relative in accordance with their ability to pay.
- B. The ability to pay shall be computed in accordance with the Department of Social Services' rules and regulations for determining ability to pay:
1. The Departments of Social Services and Public Institutions shall make their determinations of ability to pay on a calendar month basis;
  2. The Department of Social Services shall determine per diem rates by program;
  3. The Department of Public Institutions shall adopt policies and procedures which do not exceed the standards of the policies and procedures established by the Department of Social Services as to:
    - a. The amount of resources;
    - b. Personal needs allowance;
    - c. The amount of excess income to be obligated from income of the patient.
- C. The Department of Public Institutions is on a cash accounting system whereby:
- Determinations of ability to pay shall be made on a calendar month basis and collections from patients and/or financially responsible relatives shall be credited to the Medicaid billing in the month in which they are received or reported to the Department of Social Services.
- D. The Department of Public Institutions shall be responsible for collecting from patients, relatives and third parties.
- E. The Department of Public Institutions shall bill the Department of Social Services per diem rates as established by the Department of Social Services.
- F. The Department of Social Services shall determine per diem rates based on cost reports, as defined in Department of Social Services Medical Assistance Program Manual.
- G. Lower of cost or charges shall not apply to reimbursing the Department of Public Institutions on individual claims as long as the Department of Public Institutions maintains its nominal fee provider status as determined by the Medicare Intermediary.

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